

MATERIAL SUBMISSION FORM

Support Behavior Change Initiative

Name of Person Submitting					
Organization					
Address					
Phone		Fax		Email	
Name of Research Article or tool or Program you are submitting					
Note: Submitted materials must be available to the public. The material and related documents should be submitted or you should identify the web site URL where it can be located. If material requires purchase, please include copy with submission form. For Research articles, submit full-text electronic or hard copies of research articles. Abstracts or URLs to partial articles are considered incomplete and will not be reviewed.					
Target Audience (Click one or more)		<div><input type="checkbox"/> People with Diabetes What ages? <input type="checkbox"/> Children <input type="checkbox"/> Teens <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Older Adult</div> <div><input type="checkbox"/> People at risk for Diabetes What ages? <input type="checkbox"/> Children <input type="checkbox"/> Teens <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Older Adult</div> <div><input type="checkbox"/> Families</div> <div><input type="checkbox"/> Health care professionals</div> <div><input type="checkbox"/> Agencies/Oranizations/ Community Groups/Employers</div>			
Date of material /publication					
Target behaviors addressed (Click one or more)		<div><input type="checkbox"/> Physical Activitiy</div> <div><input type="checkbox"/> Healthy Eating, Nutrition, Meal planning</div> <div><input type="checkbox"/> Lifestyle Modification/Making changes</div> <div><input type="checkbox"/> Weight Management</div> <div><input type="checkbox"/> Stress, Coping, Emotion</div> <div><input type="checkbox"/> Risk Reduction- Complications</div> <div><input type="checkbox"/> Medication taking</div> <div><input type="checkbox"/> Risk Reduction Pre-diabetes</div> <div><input type="checkbox"/> Smotking Cessation</div> <div><input type="checkbox"/> Self-monitoring of blood glucose</div> <div><input type="checkbox"/> Appointment Keeping</div> <div><input type="checkbox"/> Other <input type="text"/></div>			
Behavior principles used: (Click one or more)		<div><input type="checkbox"/> Education and care strategies</div> <div><input type="checkbox"/> Overview/General Reference</div> <div><input type="checkbox"/> Goal Setting</div> <div><input type="checkbox"/> Problem Solving</div> <div><input type="checkbox"/> Social and Peer Support</div> <div><input type="checkbox"/> Coping Skills</div> <div><input type="checkbox"/> Counselling</div> <div><input type="checkbox"/> Motivational Interviewing</div> <div><input type="checkbox"/> Active Listening</div> <div><input type="checkbox"/> Patient Empowerment</div>			
Indicate best way to contact if we have questions					
Please use separate form for each submission. Thank You					